

HCBS Residential Setting Screening Tool - Revised

Effective July 8, 2017

Members who receive services through the AMHH and/or BPHC benefits are required to live and receive HCBS services in settings that meet federal Medicaid guidelines for home and community-based services (HCBS). This tool is intended to help members and providers identify the type of setting in which a member lives, and to select the appropriate response and provide required information for the "Current Living Situation" section of the AMHH/BPHC application in DARMHA. This tool is required to be completed (1) with **every member** applying for AMHH and/or BPHC during the development process for **every application** (initial, renewal, and modification), **OR** (2) within 15 calendar days of **any** change in the member's living situation. A completed copy of this screening, with the member's and case manager's signatures in the appropriate section, must be kept with the member's clinical record.

Member Name: _____ Date of Screening: _____

Member's address: _____

Internal ID #: _____ Medicaid ID #: _____ IICP #: _____ Benefit: AMHH / BPHC (circle one or both)

Section 1: Attestation for Homelessness

Members who attest that they are temporarily in a setting which meets the definition of homeless may be eligible to apply for home and community-based services through DMHA such as AMHH and BPHC.

Homeless is defined as: (1) lacking a fixed, regular, and adequate nighttime residence, and/or (2) the primary nighttime residence is: (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodation of 3 or less months, or (b) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street, tent community?).

By our signatures, we attest that the member's meets the criteria for homelessness. Member's currently in a homeless situation defined as (chose one of the above items):

The member utilizes the following address for the purpose of Mail only. This address is the official address listed with Indiana Medicaid verified by the CMHC

Member signature

Date

Case Manager signature

Date

STOP HERE IF THE MEMBER'S LIVING SITUATION IS "HOMELESS"

Section 2: Attestation for "Private/Independent Home" Setting

An individual's private home (owned or leased), or a relative's home where the individual resides (owned or leased), is considered to be a "Private/Independent Home". Though CMS allows providers to presume that a "Private/Independent Home" meets HCBS setting requirements, these settings must still be assessed using the Residential Setting Screening Tool- Revised.

By my signature, I attest that:

1. I live at the residence identified above, which is owned or leased/rented by me (or a member of my family) for my/our personal use, AND
2. I have opportunities for full access to the greater community, AND
3. The residence is not owned or operated by an agency which provides AMHH and/or BPHC services, AND
4. The residence is not located in or on the grounds of a hospital, nursing home, or other facility that provides inpatient institutional care

Member signature

Date

Case Manager signature

Date

Member name (printed)

Case Manager name (printed)

Providers: If the member lives in a "Private/Independent Home" setting, select that option under the "Current Living Situation" section of the AMHH or BPHC application in DARMHA, member and case manager sign in this section, and retain a copy of this screening in the member's clinical record. If the member does not live in a "Private/Independent Home", continue to Section 3.

STOP HERE IF THE MEMBER'S LIVING SITUATION IS "PRIVATE/INDEPENDENT HOME"

Section 3: Identification of a CMHC Provider Owned, Controlled, or Operated (POCO) Residential Setting

A provider CMHC owned, controlled, or operated (POCO) residential setting is a specific physical place that is owned, co-owned, and/or operated by a CMHC provider of HCBS. DMHA recognizes any residence an individual lives in that is owned by a paid caregiver that is not a family member, must be treated as POCO. As of July 1, 2017, all of a CMHC's known POCO residential settings have been identified and assessed, and are either fully compliant or working toward full compliance with the HCBS requirements for these types of settings.

Has this setting been previously identified by your agency as a POCO residential setting and referred to DMHA for HCBS compliance assessment?

YES NO (Note: if unsure whether the setting has been identified and/or referred, consult your agency's AMHH/BPHC point of contact)

If "YES", skip the four questions below, obtain signatures and follow provider instructions in italics.

If "NO", answer the following screening questions to determine if the setting may be a POCO residential setting.

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|---|-----|----|
| 1. Does your agency (or another CMHC) own, lease, or co-lease this setting? | YES | NO |
| 2. Does your agency (or another CMHC) provide staff who are assigned to work at the setting? | YES | NO |
| 3. Does your agency (or another CMHC) have control over referrals for residency at the setting? | YES | NO |
| 4. Is your agency (or another CMHC) otherwise involved in the operation of this setting? | YES | NO |

If the answer to any of the four screening questions is "YES", the setting may be a POCO residential setting which has not yet been identified by your agency. **Notify your agency's AMHH/BPHC point of contact immediately, in order to refer the setting to DMHA for HCBS compliance assessment.** If the answer to all four of the screening questions is "NO", skip the rest of this section and complete Section 4 of this tool.

By our signatures, we attest that the member lives in a POCO residential setting, and the setting has been referred to DMHA for HCBS compliance assessment.

Member signature	Date	Case Manager signature	Date
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Member name (printed)

Case Manager name (printed)

Providers: If the member lives in a "POCO Residential Setting" – **regardless of whether the setting has been previously referred to DMHA for compliance assessment** - select "POCO residential setting" under the "Current Living Situation" section of the AMHH or BPHC application in DARMHA, member and case manager sign in this section. and retain a copy of this screening in the member's clinical record. Otherwise, continue to Section 4.

STOP HERE IF THE MEMBER'S LIVING SITUATION IS "POCO RESIDENTIAL SETTING"

Section 4: Identification and Attestation for Non-POCO Residential Setting

If the residential setting of a member applying for AMHH or BPHC is not "Homeless", "Private/Independent Home", or a CMHC "POCO Residential Setting" (as determined by Sections 1 through 3 of this tool), then the setting is considered a "Non-POCO Residential Setting" by DMHA. These are most often residential settings that provide some level of daily living support services, such as (*this list is not all-inclusive*):

- Residential Care Facilities (RCFs; this category includes licensed Assisted Living Facilities [ALFs] and Adult Family Care Homes [AFCHs])
- County homes
- Residential Care Assistance Program (RCAP) facilities
- Room and Board Assistance (RBA) facilities
- Cluster homes/cluster apartments owned by non-profit agencies

To assist CMHCs in assessing non-POCO residential settings, an "HCBS Compliance Assessment Packet – Non-POCO Residential Settings" has been developed for use by CMHC staff. Every identified non-POCO residential setting must be assessed using this packet.

By our signatures, we attest that the member lives in a non-POCO residential setting, and the required HCBS Compliance Assessment Packet has been completed within 30 days and submitted to DMHA. Email the completed worksheet to DMHAadultHCBS@fssa.in.gov

Has the setting been assessed: (circle one) Yes or No

If No, please provide date of assessment: _____

Current Compliance Status: (circle one) Needs Modification Fully Compliant Non-Compliant PPI Pending

Member signature	Date	Case Manager signature	Date
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Member name (printed)

Case Manager name (printed)

Providers: If the member lives in a "Non-POCO residential setting", select that option under the "Current Living Situation" section of the AMHH or BPHC application in DARMHA, member and case manager sign in this section, and retain a copy of this screening in the member's clinical record.

HCBS Residential Setting Screening Tool - Revised

Information and Definitions

Effective July 8, 2017

This companion document for the HCBS Residential Setting Screening Tool-Revised (RSST-R) provides general instructions, definitions of terms used in the tool, and additional information for members and provider staff completing the tool. Specific instructions and directions are located within each section of the RSST-R.

The previous version of the RSST, with an effective date of May 2, 2016, may only be used through June 30, 2017. Providers may begin using the RSST-R version upon receipt, but must begin using this version as of July 1, 2017.

General Information and Instructions

The RSST-R removes the requirement for providers to independently assess the HCBS compliance of residential settings (other than private/independent homes). Since HCBS compliance information has already been reported for all currently identified CMHC POCO residential settings, and will begin to be collected for identified non-POCO residential settings, it is no longer necessary for providers to “re-assess” these settings every 6 months. The RSST-R has been redesigned to ensure providers are able to accurately identify and report (via the DARMHA application) the *type* of residential setting in which an AMHH or BPHC applicant lives.

The RSST-R is used in conjunction with the “HCBS Compliance Assessment Packet – Non-POCO Residential Setting”, which will be required for use beginning July 1, 2017. Non-POCO residential settings (such as HCBS waiver homes, assisted living facilities) must be assessed using this packet, to ensure that they also meet HCBS requirements for residential settings not owned, controlled, or operated by a CMHC. **If during completion of the RSST-R your agency determines that the applicant lives in one of these settings and the setting has not been assessed for HCBS compliance, the assessment must be completed before the DARMHA application can be processed.** Note that non-POCO residential settings only need to be assessed one time. They do not need to be reassessed unless a significant change or modification to the setting occurs, which impacts its HCBS compliance status.

While residential settings are only required to be assessed once for HCBS compliance (barring any significant changes at the setting), the RSST-R must be completed with every member applying for AMHH or BPHC during the assessment process for every application (initial and renewal). The RSST-R must be completed before the DARMHA application is completed and submitted, since information from the RSST-R must be included in the DARMHA application. In addition, a new RSST-R must be completed, signed by the member, and placed in the clinical record within 15 calendar days of a provider agency learning of a change in a member’s living situation. Each RSST-R completed when a member’s living situation changes is also required to be scanned and emailed to the DMHA Adult HCBS inbox (dmhaadulthcbcs@fssa.in.gov) within the same 15 calendar days.

The sections of the RSST-R are to be completed in order, until the member’s living situation type has been accurately identified. The member’s identifying information is entered, and the member and referring care coordinator proceed in order through the sections, beginning with Section 1. Once the member’s living situation has been accurately identified, and the member and case manager have signed in the appropriate section, the tool is complete. The type of residential setting in which the member lives as documented on the RSST-R is transferred to the “Current Living Situation” section of the DARMHA application for AMHH and/or BPHC for the member.

Section 1: Homelessness and Homeless Members

Members who live in settings which meet the definition of homeless are eligible to apply for and may receive home and community-based services like AMHH and BPHC. Homeless is defined as:

1. Lacking a fixed, regular, and adequate nighttime residence, and/or
2. The primary nighttime residence is:
 - (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodation of 3 or less months, or
 - (b) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

Note that this includes members who temporarily reside in homeless shelters. The most recent guidance from CMS is that homeless shelters are exempt from HCBS setting requirements, and do not need to be assessed for compliance.

Members whose living situation meets the definition of homeless should provide a brief description of their living situation (for example, transient among family/friends, homeless shelter, on the street, etc.). Member and case manager sign in Section 1, and no additional sections of the RSST-R need to be completed.

Section 2: Attestation for “Private/Independent Home” Setting

Most members live in a house, apartment, or other residence which is owned or leased for the member’s private personal use. An individual’s private home (owned or leased), or a relative’s home where the individual resides (owned or leased), is considered to be a “Private/Independent Home”. Per CMS, a state may presume that an individual’s private home or a relative’s home where an individual resides meets the home and community-based settings requirements. However, it is still the state’s responsibility to ensure that individuals living in a private home or a relative’s home have opportunities for full access to the greater community.

Providers and members will continue to attest on the RSST-R that the home meets HCBS requirements. For members whose living situation meets the definition of an HCBS-compliant “Private/Independent Home”, member and case manager sign in Section 2, and no additional sections of the RSST-R need to be completed.

Section 3: Identification of a Provider Owned, Controlled, or Operated (POCO) Residential Setting

A provider owned, controlled, or operated (POCO) residential setting is a physical place where a member lives that is owned, leased, or co-leased by a provider of HCBS. As of July 1, 2017, HCBS compliance information for all known POCO residential settings in Indiana has been collected, and these settings are either fully compliant or working toward full compliance with the HCBS requirements for these types of settings. The responsibility of a provider when completing the RSST-R is to ensure that a POCO residential setting is accurately identified, and ensure that it has been referred to DMHA for compliance assessment.

For case managers filling out the RSST-R, if there is any uncertainty about whether a setting is a POCO residential setting, or whether it has been previously referred to DMHA, you must first consult with the AMHH/BPHC primary contact person at your agency. This contact person will be able to tell you whether the setting being screened is a previously identified and referred POCO residential setting. If the setting is a POCO residential setting which has NOT been referred to DMHA for compliance assessment, DMHA must be notified immediately by email at dmhaadulthcbs@fssa.in.gov, so that the compliance assessment process can be initiated as soon as possible.

For members whose living situation is determined to be “POCO residential setting”, *regardless of whether or not the setting has been previously identified and referred to DMHA or its current compliance status*, member and case manager sign in Section 3, and no additional sections of the RSST-R need to be completed. **It does not matter whether the setting has been previously identified and assessed, or what the setting’s current HCBS compliance designation may be – if the setting is POCO residential, that is what is selected on the DARMHA application.**

Section 4: Identification and Attestation for Non-POCO Residential Setting

By default, if a member is not homeless and does not live in a “Private/Independent Home” or “POCO residential setting”, the member lives in a “Non-POCO Residential Setting”. To assist providers in assessing an identified non-POCO residential setting, DMHA has developed the “HCBS Compliance Assessment Packet – Non-POCO Residential Setting”. This assessment packet may be completed after the RSST-R, but must be completed and submitted to DMHA within 30 days of the submission of the member’s AMHH/BPHC application.

As with POCO residential settings, for members whose living situation is determined to be “Non-POCO Residential Setting”, *regardless of whether or not the setting has been previously identified and referred to DMHA or its current compliance status*, member and case manager sign in Section 4, and no additional sections of the RSST-R need to be completed. **It does not matter whether the setting has been previously identified and assessed, or what the setting’s current HCBS compliance designation may be – if the setting is non-POCO residential, that is what is selected on the DARMHA application.**

Using the Completed RSST-R to Populate the DARMHA Application

The outcome from the RSST-R will provide accurate required information for the “Current Living Situation” section of the AMHH or BPHC application for the member. Simply, whatever the residential setting type determined through the RSST-R - “Homeless”, “Private/Independent Home”, “POCO Residential Setting”, or “Non-POCO Residential Setting” - that option is selected on the DARMHA application.